

Office of Grants Coordination Ryan White Program 111 NW 1st Street, 19th Floor Miami, Florida 33128-1994 T 305-375-4742 F 305-375-4454

miamidade.gov

March 4, 2010

SENT BY ELECTRONIC MAIL

Dear Ryan White Program-funded Service Provider:

RE: Revised Ryan White Program Oral Health Care Formulary - Fiscal Year 2010-2011

Enclosed for your information and internal distribution is a revised Fiscal Year 2010-2011 Ryan White Program Oral Health Care Formulary with an effective date of March 1, 2010. All revisions can be easily identified in bold italics and shading within the revised formulary. This transmittal letter identifies the changes as well.

The following code was previously listed with an **asterisk** (*) as a supplemental procedure, but is now listed with a Medicaid reimbursable rate, which is subject to the approved multiplier:

CDT-2009-10 Code	Dental Procedure
D2751	Crown – Porcelain Fused to Predominantly Base Metal

The following oral and maxillofacial surgery codes were affected by a <u>rate change</u> based on the most current State of Florida Medicaid Dental fee schedule, dated July 29, 2009:

CDT-2009-10 Code	Dental Procedure
11100	Biopsy of Skin, Subcutaneous Tissue and/or Mucous Membrane (Including Simple Closure), unless otherwise listed (Separate Procedure); Simple Lesion
20680	Removal of Implant; Deep (e.g., buried wire, pin, screw, metal band, nail, rod or plate)
21031	Excision of Torus Mandibularis
21032	Excision of Maxillary Torus Palatinus
21040	Excision of Benign Cyst or Tumor of Mandible; By Enucleation and/or Curettage
21320	Closed Treatment of Nasal Bone Fracture; With Stabilization
21356	Open Treatment of Depressed Zygomatic Arch Fracture (e.g., Gilles Approach)
21360	Open Treatment of Depressed Malar Fracture, Including Zygomatic Arch and Malar Tripod

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CDT-2009-10 Code	Dental Procedure
21453	Closed Treatment of Mandibular Fracture; With Interdental Fixation
21454	Open Treatment of Mandibular Fracture; With External Fixation
21462	Open Treatment of Mandibular Fracture; With Interdental Fixation
21465	Open Treatment of Mandibular Condylar Fracture
40800	Drainage of Abscess, Cyst, Hematoma, Vestibule of Mouth; Simple

As a reminder, Ryan White Program oral health care services are available to eligible HIV+ clients who have a gross household income that does not exceed 400% of the Federal Poverty Level, and who permanently reside in Miami-Dade County.

Ryan White Program Part A-funded oral health care services continue to be limited to \$3,000 per client per Ryan White Part A fiscal year (e.g., March 1, 2010 through February 28, 2011). However, very limited exceptions to the annual cap may be approved by the County, with consultation from the Miami-Dade HIV/AIDS Partnership's Oral Health Care Subcommittee as needed, on a case-by-case basis for the provision of preventative oral health care services only.

The FY 2010-2011 Ryan White Program Oral Health Care Formulary will also be added to the following website, www.miamidade.gov/ryanwhite/ by Wednesday, March 10, 2010. The PDF version of the formulary will be available in two sorts: 1) by category of service and 2) by oral health care procedure code (i.e., CDT code). Please contact Carla Valle-Schwenk, Program Administrator, at (305) 375-4742 with any questions related to this revised formulary and/or requests for approval of supplemental rates for oral health care procedures. Thank you for your continued cooperation.

Singerely,

Theresa Fiaño Y Assistant Director

Enclosure

c: Carla Valle-Schwenk, Program Administrator, OGC Clarisol Nilsen, Fiscal Manager, OGC Andrae Corrigan, President, ACMS